



TO: Outreach Partners and Interested Parties

FROM: ***Prescription Advantage***

DATE: October 21, 2010

BULLETIN

This bulletin is one in a series of routine updates regarding Prescription Advantage. These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

Outreach to Members with High Drug Costs

Prescription Advantage has initiated an outreach campaign to encourage members with high drug costs to review Part D plan options for 2011 as there may be a plan that can lower their expenses. Prescription Advantage, along with assistance from MassMedLine, will review the Part D plans using Medicare's plan finder, review the options with the member and if the member wishes to change plans, Prescription Advantage and MassMedLine will assist the member with the enrollment process.

Prescription Advantage identified more than 2,400 members that had a total drug cost ranging from \$450 to more than \$1,000 each month for a 3-month period. From this total 1,400 members had monthly drug costs of \$600 and higher. These 1,400 members will receive a letter along with a list of the medications that the member is currently taking. This medication list was prepared using information from the member's claims submitted to Prescription Advantage. If the member would like to have the drug plan options researched the member must review the list, edit if necessary, and return it using the postage-paid addressed envelope provided. Initial phone calls have been made to these members to explain the outreach project and to let them know that the letter and drug information list will be arriving soon.

The remaining 1,000 plus members had a monthly drug cost of \$450 - \$599. These members will receive a letter encouraging them to review their Part D plan options for 2010 and to contact SHINE or MassMedLine for assistance if needed.

Attached are the letters that will be sent to the members included in this outreach project.

- Initial letter to members that will be assisted by MassMedLine
- Initial letter to members that will be assisted by Prescription Advantage
- Initial letter to members that are referred to SHINE and MassMedLine
- Sample Drug Information Form
- Plan comparison letter
- Letter for members whose current plan is the best plan



<Date>

ID Number: <ID Number>

<FName> <MI> <LName>
<ARFName> <ARLName>
<AddressLine1> <AddressLine2>
<City>, <State> <Zipcode>

Dear <FName> <LName>:

A new Medicare plan year begins on January 1, 2011. If your Part D plan has a deductible, you will pay the entire amount which may be as much as \$310. Once the deductible is paid, your Part D plan will pay for covered drugs and you will pay the plan's co-payments. When the total combined amount paid by you and your drug plan is \$2,840, Prescription Advantage co-payment assistance will begin.

Because your drug costs increased this year, we encourage you to review the Part D plans available for 2011. There may be a plan that will lower your costs. MassMedLine can help you with this review free of charge.

MassMedLine is the pharmacy outreach program of the Massachusetts College of Pharmacy and Health Sciences. If you want MassMedLine to research drug plan options for you, review the enclosed form. Cross out any drugs you no longer take and write in any new drugs you use that are not listed. Return the form in the postage-paid addressed envelope by **October 30, 2010** to:

MassMedLine, Pharmacy Outreach Program
Massachusetts College of Pharmacy and Health Sciences
25 Foster Street
Worcester, MA 01608

A MassMedLine representative will call you after the research is complete to review the results in detail.

If you have any questions please call Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636), press '2', or TTY (toll free) for the deaf and hard of hearing at 1-877-640-0241.

Sincerely,
Prescription Advantage



<Date>

ID Number: <ID Number>

<FName> <MI> <LName>
<ARFName> <ARLName>
<AddressLine1> <AddressLine2>
<City>, <State> <Zipcode>

Dear <FName> <LName>:

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Because your drug costs increased this year, we encourage you to review the Part D plans available for 2011. There may be a plan that will lower your costs. If you would like Prescription Advantage to research drug plan options for you, review the enclosed form. Cross out any drugs you no longer take and write in any new drugs you use that are not listed. Return the form in the postage-paid addressed envelope by **October 30, 2010** to:

Prescription Advantage
P. O. Box 15153
Worcester, MA 01615-0153

Prescription Advantage will notify you of the review results. If there is a Part D plan that will reduce your prescription drug costs, and you decide to enroll in that plan, we can assist you with the enrollment process, at your request.

If you have any questions, please call Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636) and press '2', or TTY (toll free) for the deaf and hard of hearing at 1-877-640-0241.

Sincerely,
Prescription Advantage



<Date>

ID Number: <ID Number>

<FName> <MI> <LName>
<ARFName> <ARLName>
<AddressLine1> <AddressLine2>
<City>, <State> <Zipcode>

Dear <FName> <LName>:

A new Medicare plan year begins on January 1, 2011. When the total combined amount paid by you and your drug plan is \$2,840, your Prescription Advantage co-payment assistance will begin.

We encourage you to review the Part D plans available for 2011. There may be a plan that will lower your costs. If you need assistance, please contact:

S.H.I.N.E. (Serving Health Information Needs of Elders)
1-800-AGE-INFO (1-800-243-4636) and press "3"
TTY for the deaf and hard of hearing at 1-800-872-0166

or

MassMedLine
1-866-633-1617

If you have any questions, please call Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636) and press '2', or TTY (toll free) for the deaf and hard of hearing at 1-877-640-0241.

Sincerely,
Prescription Advantage



Prescription Drug Information Form

<FName> <MI> <LName>
<ARFName> <ARLName>
<Street 1> <Street 2>
<City> <State> <Zip>

ID Number: <ID Number>

Membership Category <XX> DOB: <mm-dd-yyyy> Phone: <XXX-XXX-XXXX>

Medicare Part D Plan: <Insert Plan Name> <Plan ID>
Drug List ID: <List Number>

Prescription Advantage encourages you to review the Part D plans that will be available for 2011. There may be a plan that will lower your costs.

If you would like a review of the 2011 plans, check the box below, provide information regarding the type and name of pharmacy you prefer, and update the list of your medications, if necessary. Return this form by October 30, 2010 to <Organization> using the enclosed self-addressed, stamped envelope. You can also find the address in your letter.

☐ Yes, I want to review the Part D plans that will be available for 2011.
<Organization> will notify me of my options.

My preferred pharmacy type is: ☐ Retail ☐ Mail Order ☐ Retail and Mail Order

My pharmacy is: _____

Below is a list of your medications. Cross out any medications you no longer use. Add the name, strength, quantity, and day supply of any medications you use that are not listed. Do not list over-the-counter medications. Use the reverse side of this form if necessary.

Prescription Name / Strength	Quantity	Day Supply
<Drug Label Name>	<Qty>	<Day Supply>
<Drug Label Name>	<Qty>	<Day Supply>
<Drug Label Name>	<Qty>	<Day Supply>
<Drug Label Name>	<Qty>	<Day Supply>
<Drug Label Name>	<Qty>	<Day Supply>
<Drug Label Name>	<Qty>	<Day Supply>
<Drug Label Name>	<Qty>	<Day Supply>
<Drug Label Name>	<Qty>	<Day Supply>



<Date>

ID Number: <ID Number>

<FName> <MI> <LName>
<ARFName> <ARLName>
<AddressLine1> <AddressLine2>
<City>, <State> <Zipcode>

Dear <FName> <LName>:

This letter is in response to your request for a review of the 2011 prescription drug plans. We completed the review based on the information you provided. The enclosed chart compares your current Medicare prescription drug plan (Part D) with three (3) other plans that would fit your needs and tells you:

- If there is a difference in the amount you currently pay for deductibles and premiums;
- The amount you can expect to pay each month for your medications before and after your Prescription Advantage benefits begin; and,
- The month your Prescription Advantage benefits are estimated to begin.

After reviewing this chart you may find that changing your Part D plan could save you money.

Please keep in mind that these are options for you to consider. You may remain in your current plan or choose from any of the available plans approved by Medicare. If you are interested in changing your Part D plan you should contact the plan directly to find out whether there are any coverage restrictions for the prescriptions you take.

If you decide to change your Part D plan, we can assist you at your request. However, to be sure your new plan is effective for January 1, 2011, you must complete your enrollment directly with the plan you choose or call us **no later than December 3, 2010**.

If you have any questions regarding this letter and chart, or would like assistance with changing your Part D plan, call Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636), press 2, or TTY (toll free) for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,
Prescription Advantage



<Date>

ID Number: <ID Number>

<FName> <MI> <LName>
<ARFName> <ARLName>
<AddressLine1> <AddressLine2>
<City>, <State> <Zipcode>

Dear <FName> <LName>:

This letter is in response to your request for a review of the 2011 prescription drug plans.

We completed the review based on your prescription drug information you provided us with and determined that the coverage you receive from your current Part D plan will continue to best fit your needs in 2011.

Please keep in mind that this is one option. You may choose from any of the available plans approved by Medicare. If you are interested in changing your Part D plan, we recommend that you first contact Medicare at 1-800-MEDICARE (1-800-633-4227) or the Part D Plan that you are interested in directly to find out if there are any coverage restrictions for the prescriptions you take.

If you have any questions, please call Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636), press 2, or TTY (toll free) for the deaf and hard of hearing at 1-877-610-0241.

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Prescription Advantage